



APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

MAKE CHECKS PAYABLE TO CITY OF ARLINGTON

Address envelope to: City of Arlington Vital Records

Mail Stop 01-0110 - 101 W. Abram St. 1st floor Arlington Texas 76010

817-459-6777

NOTE: If mailing, please attach a copy of applicant's photo identification.

APPLICATIONS WITHOUT PHOTO ID WILL NOT BE PROCESSED.

These records are protected by the Texas Health and Safety Code and may only be released to a "**properly qualified applicant**", which is defined as an immediate member of the family, a legal or personal representative, or agent. Proper identification will be required at the time of order.

- NOTE; **ALL INFORMATION MUST BE COMPLETED BEFORE YOUR ORDER CAN BE PROCESSED.**

Fees: \$21.00 (additional copies \$4.00 each)

Expedite Fee: \$5.00 _____ (only if you are mailing in your application)

Number of Copies: _____

NAME OF DECEASED _____
first middle last

DATE OF DEATH: _____ PLACE OF DEATH: _____
city county state

NAME OF APPLICANT: _____ PHONE # _____
(Person signing the application)

ADDRESS OF APPLICANT: _____
street city state zip

RELATIONSHIP TO PERSON NAMED ON THE RECORD: _____

PURPOSE FOR OBTAINING THIS RECORD: _____

WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000 (Health and Safety Code, Chapter 195.003)

SIGNATURE OF APPLICANT

DATE